



**MAHONING & COLUMBIANA TRAINING ASSOCIATION**

Mahoning County Office • 20 W. Federal Street, Suite 604

Youngstown, OH 44503 • 330-747-5639

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did You Learn About Us?

|  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Relative | <input type="checkbox"/> Inquiry     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend   | <input type="checkbox"/> Other _____ |

|                     |            |              |       |              |          |
|---------------------|------------|--------------|-------|--------------|----------|
| Last Name           | First Name | Middle Name  |       |              |          |
| _____               | _____      | _____        |       |              |          |
| Address             | Number     | Street       | City  | State        | Zip Code |
| _____               | _____      | _____        | _____ | _____        | _____    |
| Telephone Number(s) |            |              |       |              |          |
| (____) _____        |            | (____) _____ |       | Email: _____ |          |

Best time to contact you at home is: From \_\_\_\_:\_\_\_\_ AM / PM to \_\_\_\_:\_\_\_\_ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... Yes No

Did you serve in the U.S. Armed Forces?..... Yes No

Have you ever filed an application with us before? ..... Yes No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... Yes No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives work here? ..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer? ..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status ..... Yes No  
*Proof of citizenship or immigration status will be required upon employment*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently on "lay-off" status and subject to recall? ..... Yes No

Can you travel if a job requires it? ..... Yes No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                    |                     |                    |       |                |
|--------------------|---------------------|--------------------|-------|----------------|
| 1.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |
| 2.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |
| 3.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |
| 4.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |
| 5.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |
| 6.                 | Employer            | Dates Employed     |       | Work Performed |
|                    |                     | From               | To    |                |
|                    | Address             |                    |       |                |
|                    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|                    |                     | Starting           | Final |                |
|                    | Job Title           | Supervisor         |       |                |
| Reason for Leaving |                     |                    |       |                |

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_ YES \_\_\_ NO

## PROFESSIONAL REFERENCES

1. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date